
 Behavioral Health Department Alameda County Health	Signed by:  By: <u>BA167CA0C0D444A...</u> Karyn L. Tribble, PsyD, LCSW, Director
POLICY TITLE Integration of Spiritual Interests In Recovery and Wellness	Policy No: 1602-1-1 Date of Original Approval: 3/28/2016 Date(s) of Revision(s): 1/27/2026

PURPOSE

This policy is intended to promote openness and inclusiveness towards the spiritual beliefs of all people receiving Alameda County Behavioral Health Department (ACBHD) services and/or participating in ACBHD sponsored events, regardless of their choice of religion or whether spirituality or religion are overtly important in their lives. This policy respects the personal philosophies and faiths of people of all ethnic and cultural backgrounds and is intended to create an atmosphere in ACBHD programs where staff support and do not attempt to change a person's chosen spiritual path or religion. ACBHD staff and contracted treatment providers are aware that Charitable Choice that affirms spirituality and religion may have a powerful impact on the lives of the people served, including ACBHD staff and contracted providers themselves.

AUTHORITY

- [California Mental Health and Spirituality Initiative](#)
- [Substance Use Block Grant \(SUBG\) Contract with the California Department of Health Care Services \(DHCS\)](#)

SCOPE

This policy applies to all staff representing ACBHD, including employees, interns, volunteers, and contractors.

BACKGROUND

Recognition and acceptance of a person's spiritual beliefs is a key component in their achieving recovery goals and has been associated with successful outcomes. The guidelines in this document are intended to assist ACBHD staff and contracted treatment providers in understanding the ACBHD approach to addressing the spiritual beliefs, concerns, needs, strengths, interests, and practices of people served, their families, and other supportive social contacts. Recognition and support of spiritual beliefs should be an integral part of behavioral health assessment and, when appropriate, goal formulation and treatment planning - but should not be confused with proselytizing. ACBHD staff and treatment providers are not permitted to proselytize under the auspices of their work for ACBHD.

POLICY

Governing [Substance Use Block Grant \(SUBG\)](#) statutes and regulations require the State to comply with [Public Law \(PL\) 106-310](#) the amended [Public Health Services Act](#) (PHSA) by adding requirements to:

1. Prohibit discrimination against non-governmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance use services; and
2. Allow organizations to accept the funds to provide services to individuals without impairing the religious character of the organization or the religious freedom of the individuals.

Under SUBG, Part 54, counties are required to:

1. Identify religious providers
2. Incorporate the applicable Part 54 requirements into county/provider contracts, including a notice to persons being served
3. Monitor religious providers for compliance with Part 54
4. Establish a referral process to a reasonably accessible program for the person being served who may object to the religious nature of the program. Such a process must include a notice to the county and the funding of alternative services.

PROCEDURE

A. ASSESSMENT:

1. Spirituality and Religion in the Assessment Process

Inquiry about spirituality and religion may be done at any time, but in particular, should be a normal part of the initial assessment process, included in the section concerning Cultural Indicators. As part of discovering current emotional and social support for the person served, treatment providers may pose open-ended questions about spirituality without leading the person's responses in any way. Such non-judgmental inquiry and interest are appropriate and encouraged. In turn, the person being served, their family, and/or other responsible parties may directly provide information, raise concerns, and discuss spirituality and religion. As part of the overall assessment, treatment providers are encouraged to participate in spiritual discussions of this type, consciously refraining from proselytizing or in other ways directing the person being served to adopt specific religious beliefs or spiritual practices that differ from their initial inclinations. Such discussion may be proselytizing or in other ways directing the person being served to adopt specific religious beliefs or spiritual practices contrary to their own spiritual

practices. Such discussion may be a critical component in identifying the person's resources and challenges and supporting their strengths.

2. [Charitable Choice](#)

- a. Prohibits discrimination against non-governmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance use services; and
- b. Allows organizations to accept the funds to provide services to individuals without impairing the religious character of the organization or the religious freedom of the individuals.
- c. ACBHD supports people in selecting their own services.

3. Assessing the Child/Youth

In assessing a child or youth, the interviewer must take even greater care to ensure openness and non-proselytizing. The interviewer should not assume uniformity of feeling and opinion around spiritual beliefs between the child and the parent(s) and/or guardian(s). Particularly when working with minors, treatment providers should follow regulations, guidelines, and their clinical judgement regarding when to include parents and guardians in discussions about these issues.

B. TREATMENT PLANNING:

Appropriate integration of spiritual dimensions within treatment planning could include:

1. Bringing culturally relevant spiritual practices, support, resources, and goals into recovery-based treatment and planning.
2. Making and coordinating contact, when desired by the person served and clinically appropriate, with their chosen spiritual counselors or advisors. Ideally, the person served should be present at such contact, and staff should:
 - a. Obtain consent before initiating contact.
 - b. Treat the contact with cultural humility and respect.
 - c. Note the outcome of such contact in the clinical record.

C. BOUNDARY ISSUES:

1. Staff shall use sound professional judgment and consider seeking consultation when choosing to:
 - a. Share the staff member's personal spiritual information, ideas, or beliefs. Such sharing must always be for the benefit of the person served, not for the benefit of the staff member.

- b. Overtly encourage specific spiritual practices.
 - c. Participate directly in spiritual activities with the person served (e.g., religious weddings, coming of age ceremonies, funerals, etc.).
2. ACBHD and contracted treatment providers are expected to recognize the important role of spirituality and religion in the life experiences and well-being of many of the people being served and their families. Treatment providers support the person's being served interest and participation in spiritual organizations of their choice. Staff and contracted providers are also sensitive to conflicts in relation to spiritual beliefs and able to non-judgmentally assist the people being served in working through those concerns or conflicts. ACBHD staff and contracted treatment providers should inform and consult with their supervisor or program manager when uncertain about how to non-judgmentally and constructively help the person being served who is struggling with his/her spiritual beliefs.
3. Under no circumstances may staff and contracted treatment providers take actions that create an appearance of proselytizing.

D. ADMINISTRATIVE ISSUES:

1. If a person requests specific changes in services or Staff on the basis of spiritual beliefs, ACBHD Programs should evaluate and act on these requests appropriately, in accordance with the usual protocols available to the person being served for requesting a Change of Provider.
2. All ACBHD administrative and clinical activities, including any that are related to spiritual practices or beliefs, must comply with existing governmental regulations and recognized ethical and professional standards, including those described in ACBHD Charitable Choice Policy and Procedure.

- E. STAFF TRAINING: Appropriate integration of spiritual issues in assessment, case formulation, and treatment planning should be taught in clinical trainings, as well as in cultural competencies trainings, on an ongoing basis. ACBHD programs should seek out teachers for these trainings who are competent to discuss and teach spiritual issues without bias or proselytizing.

NON-COMPLIANCE

- Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
- ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- The cost to implement the CAP or CCP shall be borne by the Contractor.

- Staff shall report incidents of non-compliance to their department manager, who shall submit a Non-Compliance Report to ACBHD Quality Management (QM).
- Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of the non-compliance.
- Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in the ACBHD Contract Compliance and Sanctions for ACBHD Contracted Providers Policy.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR, Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

CONTACT

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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Gigi Crowder, Rob Lee, Sharon Loveseth, Linda Stewart, Khatera Aslami Tamplen, Tom Trabin, Rosa Warder, and input from the Cultural Responsiveness Committee and the Pool of Consumer Champions, April 2015.

Original Date of Approval: 3/28/2016 by Manuel J. Jimenez, Jr., MA, MFT; Director ACBHCS

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Dr. Clyde Lewis, Administrator, Office of Ethnic Services (OES), Health Equity Division (HED)	Updates to the SUBG policy are intended to ensure ACBHD policies reflect changes to and aligns with, federal mandates.	1/27/2026 by Karyn Tribble, Behavioral Health Director

Khatera Tamplen, Office of Consumer Relations Manager, OES, HED		
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DEFINITIONS

Term	Definition
Family	Family members may be biological parents, adoptive parents, foster parents, siblings, spouses, domestic partners, children, aunts, uncles, cousins, friends, or anyone else whom the person being served defines as “family members.”
Proselytize	To induce someone to convert to one’s faith, spiritual or religious beliefs or lack thereof.
Religion	An organization, structured set of spiritual beliefs and ideas-generally related to the practice of one’s beliefs in connection with an organization.
Spirituality	A person’s deepest sense of belonging and connection to a higher power or philosophy which may or may not necessarily be related to an organized religious institution. It is a process of pursuing meaning and purpose in life.

APPENDICES**None**